City of Cayce South Carolina Board of Zoning Appeals

Form 1

Date Filed :		Request No. :	
Fee :	Rec	Receipt No :	
	ed on a hearing on appeal from action of a zoning on is on behalf of the property owner(s), all owner Agent section.		
THE APPLICANT HEREBY APPEALS	S [indicate one]:		
For a variance as stated	on Form 3. as stated on attached Form 2. as stated on attached Form 4.		
Address :	[residence] Agent of owner(s):		
	:		
Address: Telephone: [business]	[residence]		
	[use reverse side if more space is needed]		
PROPERTY ADDRESS:			
Lot Block Su	ubdivision Plat Book		
Tax Map No.	Plat Book	Page	
Lot Dimensions:	Area: [sq. ft. or acreage]		
Deed restrictions/limitations on property			
DESIGNATION OF AGENT [complete I (we) hereby appoint the person named	only if owner is not applicant] d as Applicant as my (our) agent to represent me ((us) in this request.	
Date:			
CERTIFICATION:	Owner signature(s)		
	knowledge that the information contained herein is	s accurate and correct.	
Date:			
	Applicant signature(s) Official Use	Onl	
OFFICIAL USE ONLY Property posted:	By: Published in Newspaper	on:	
PUBLIC HEARING ON:			
ORDER OF BOARD OF ZONING AP	PEALS:		
	advising of Boards action. See separate		
this action. All appeals to this action sh	all be to the Circuit Court and must be filed within	thirty (30) days after date this order was mailed.	
APPEAL FILED:			